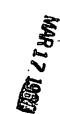
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

263-027927

DO NOT WRITE		MEN	DEB			egistration District No	BY'S No. 10.7.9 STATE FILE NUMBER
ON THIS STUB	•				Œ	TLED JUL 1 & 1963	
	1_	1	1	1	1.		RESIDENCE (Where deceased lived. If institution: Residence before Micani mib. COUNTY Pillaght admission)
VS 300	밀		1	1 1			Missouri b. COUNTY Pulaski admission)
Rev. 4/59	ENDED	1				b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b	163rd Engineer Company Inside Limits
	AME			1		TÖWN Springfield 4 days TÖWN	Ft. Leonard Wood, Missouri Yes No
0391	\A\				l —	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREE	(If cutside, give location) Reside on Farm
	DATE					HOSPITAL OR INSTITUTION St Johns Hospital	Yes No
20850		-	\bot	↓			
3					3	NAME OF DECEASED First Middle Last (Type or print)	4. DATE Month Day Year OF
						Larry Wayne GARRISON	DEATH July 2,1963
<u>" </u>		l I.			5	. SEX 6. COLOR OR RACE 7. Married 1 Never Married 1 8. DATE OF Wildowed 1 Divorced 1	Months Dave Hours Min
5 0					l	Male White Aug 28	1942 20
	ا		1		10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHS during most of working life, even if retired)	PLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
	<u>ڇَ</u>		٠	1		S/4th Class U.S. Army Jor	olin, Missouri U.S.
70	OLICW			1 1	13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
	2	1	-			Gerald Garrison unknown	
8 /	2		1			. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM	
~ \/	וב				(Y	es, no, or unknown) (If yes, give war or dates of Yes Present Time Gerald	Garrison 1411 Pearl St Joplin, Mo.
	₹		-	ı⊨	<u> </u>	18. CAUSE OF DEATH (Enter only one cause per	INTERVAL BETWEEN ONSET AND DEATH
10 1				뉗			monary emboli (fety)
11	AD OF		1	[5]		IMMEDIATE CAUSE (8)	
1000	E A			DOCUMEN.		Conditions, if any, 1 DUE TO (b) Severe Frouma incl	had in multiple tracture Isdan
1271	Sie			-		which gave rise to above cause (a).	
13	INST		\perp	- I		stating the under- lying cause [ast.] DUE TO (c) and wide great temorrhage	Blocket ileae arting by
	5		1		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not re	lated to the terminal PART III. If deceased was female was
l l	- 1				일	disease condition given in PART I (a)	there a pregnancy in last 70 days,
	AMENDMENIS				2	Carelral edema, Kenal Failur	Yes No Unknown
	₹				CÉRTIFI	19. WAS AUTOPSY 208. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OF PERFORMED?	CURRED. (Enter nature of injury in PART I or PART II of item 18.)
1	⋛ │		-		៉ូ	YES NO / Yedertion pate	ent but by Truck
z	ξ		-		5	20c. TIME OF Hour Month, Day, Year INJURY a.m.	0
¥ % '	۲				MED	ク p.m. / くっ - 63	WN OF LOCATION COUNTY STATE
RIBBON	-		1			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, 10' farm, factory, street, office bldg., etc.)	MIL, OR LOCATION
						NOT WHILE AT WORK & NEAR MT. VERNON MO NEA	e mt. VERMIN LAWRENCE MO
BLACK OR RITER R	READ					21. I attended the deceased from 6-50-63 to 7-2-63	and last saw him alive on
USE BLACK OR TYPEWRITER						Death occurred at 9 Am m on the date stated	above, and to the best of my knowledge, from the causes stated.
USE PEW	SHOULD		-			I an appear	Top DATE SIGNED
_ <u>3</u> ∈	모			Ō	1	(Degree or title)	in held Tho 7/16/63
F ·	Š			ַוּלָּ	-	MIRIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City, town, or county) (State)
	ď			FIDA	23	DEMOVAL (Specify)	Joplin Missouri
	NO.			AFFI		Burial July 5, 1963 Forest Park Cemetery FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LO	
	ITEM			[]	24	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	63 Effi & moston
; l	[=		ı	 ^	<u></u>	Thornhill Dillon Mort Joplin, Mo. 7-/7-	C Topic
•	•				•	(Licensed Embalmer's Statement on Revers	se Side)

£961.817 d35



1961 8 T 7NP

STATEMENT BY LICENSED EMBALMER

or by Robert W. Botzs III	ded on the reverse side of this certificate was embalmed by me,
working under my perional supervision. Student	Signed Brie M. Abboy
Signature of Student Embalmer	Licensed Embalmer No. 5/15 P. O. Address P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.